

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the undersigned, do hereby declare that I am personally familiar with the facts concerning the birth of _____ who was born _____, IN _____, GEORGIA, to _____
Month . Day Year City or Town County

_____ and _____
The father's full name The mother's name before marriage

Signed _____, _____, _____
My age Relationship to child

Address _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 194__.

Signature _____

Title _____

My Commission Expires _____

(SEAL)